

causality is reasonable, and, if the draconian scenarios I have described for smokers were to ever be on the policy table, also absolutely essential.

Staudenmayer *et al* have examined the evidence for idiopathic environmental intolerance (IEI; embracing environmental illness, multiple chemical sensitivity and chemical intolerance) against Bradford Hill's nine criteria (strength, consistency, specificity, temporality, biological gradient, biological plausibility, coherence, experimental intervention and analogy) and an additional criterion (reversibility). They concluded that toxicogenic theory fails all these criteria, with there being "no convincing evidence to support the fundamental postulate that IEI has a toxic aetiology" and that "the hypothesised biological processes and mechanisms are implausible".<sup>8</sup> Moreover, they also concluded that "psychogenic theory meets all of the criteria directly or indirectly", being "characterised by a progressive research programme including double-blind, placebo-controlled provocation challenge studies". They concluded "that IEI is a belief characterised by an overvalued idea of toxic attribution of symptoms and disability, fulfilling criteria for a somatoform disorder and a functional somatic syndrome. A neurobiological diathesis similar to anxiety, specifically panic disorder, is a neurobiologically plausible mechanism to explain triggered reactions to ambient doses of environmental agents, real or perceived. In addition, there is a cognitively mediated fear response

mechanism characterised by vigilance for perceived exposures and bodily sensations that are subsequently amplified in the process of learned sensitivity."<sup>9</sup>

Those with claimed hypersensitivity to even homeopathic-like strength exposures to SHS claim that tobacco smoke is a special case which, unlike other environmental carbon particle pollution, would satisfy the criteria for toxicogenic theories of IEI. Such exceptionalism is highly unlikely to be the case.

In tobacco control's armoury, there are few more potent weapons in driving down tobacco use than restrictions on smoking premised on evidence of harm to others.<sup>10</sup> If this evidence base is not vigilantly respected and the arguments for tobacco control are allowed to haemorrhage into the moralism that characterised tobacco control of previous centuries, globalised communication will rapidly pass news of this regression and risk undermining the global adoption of the policies we now take for granted in many western nations. Equally, if anyone in tobacco control believes that untethered paternalism that abandons ethical respect for smokers to harm themselves has broad appeal, their hubris awaits its inevitable fate.

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